

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT FATAL CRASH SUPPLEMENT

COUNTY _____		DETACHMENT _____																	
DRIVER #1 _____ DRIVER #2 _____ OTHER _____		CORRECTIVE LENSES OR CONTACTS DRIVER: _____ DRIVER: _____																	
ROADWAY FLOW: <input type="checkbox"/> DIVIDED HIGHWAY <input type="checkbox"/> (IF YES, CHECK ONE OF THE FOLLOWING) <input type="checkbox"/> MEDIAN STRIP <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> OTHER BARRIER <input type="checkbox"/> NOT PHYSICALLY DIVIDED <input type="checkbox"/> ONE WAY TRAFFICWAY		TRAVEL SPEED: <table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">ACTUAL</th> <th style="text-align: center;">ESTIMATED</th> <th style="text-align: center;">UNKNOWN</th> </tr> <tr> <td>DRIVER #1</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DRIVER #2</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			ACTUAL	ESTIMATED	UNKNOWN	DRIVER #1	_____	_____	_____	DRIVER #2	_____	_____	_____				
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DRIVER #1	_____	_____	_____																
DRIVER #2	_____	_____	_____																
HELMET USAGE (MOTORCYCLIST/PEDALIST) <input type="checkbox"/> YES <input type="checkbox"/> NO		CHILD SAFETY SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IMPROPERLY USED																	
		ESTIMATED EMS TIMES: <table style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">CALLED</th> <th style="text-align: center;">ARRIVED</th> <th style="text-align: center;">DEPARTED</th> </tr> <tr> <td>UNIT# _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>UNIT# _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>UNIT# _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			CALLED	ARRIVED	DEPARTED	UNIT# _____	_____	_____	_____	UNIT# _____	_____	_____	_____	UNIT# _____	_____	_____	_____
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UNIT# _____	_____	_____	_____																
UNIT# _____	_____	_____	_____																
UNIT# _____	_____	_____	_____																
		EMS ARRIVAL TIME AT HOSPITAL _____ (IF MORE THAN ONE UNIT RESPONDS, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL)																	
CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">NO AVOIDANCE MANEUVER</td> <td style="width:15%;">VEHICLE# _____</td> <td style="width:33%;">BRAKING (SKIDMARKS EVIDENT)</td> <td style="width:15%;">VEHICLE# _____</td> </tr> <tr> <td>STEERING (EVIDENCE STATED)</td> <td>VEHICLE# _____</td> <td>BRAKING (NO SKIDMARKS, DRIVER STATED)</td> <td>VEHICLE# _____</td> </tr> <tr> <td>STEERING & BRAKING (EVIDENCE OR STATED)</td> <td>VEHICLE# _____</td> <td>OTHER AVOIDANCE MANEUVER</td> <td>VEHICLE# _____</td> </tr> </table>				NO AVOIDANCE MANEUVER	VEHICLE# _____	BRAKING (SKIDMARKS EVIDENT)	VEHICLE# _____	STEERING (EVIDENCE STATED)	VEHICLE# _____	BRAKING (NO SKIDMARKS, DRIVER STATED)	VEHICLE# _____	STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____				
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STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____																
METHOD OF ALCOHOL/DRUG DETERMINATION (LIST NAME, VEHICLE# AND TEST FOR ALL PASSENGERS INVOLVED)																			
NAME: _____		NAME: _____																	
VEH#: _____		VEH#: _____																	
<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE) <input type="checkbox"/> PBT <input type="checkbox"/> FIELD SOBRIETY TESTING <input type="checkbox"/> OBSERVATION <input type="checkbox"/> DRUG USE SUSPECTED		<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE) <input type="checkbox"/> PBT <input type="checkbox"/> FIELD SOBRIETY TESTING <input type="checkbox"/> OBSERVATION <input type="checkbox"/> DRUG USE SUSPECTED																	
EJECTION PATH LIST NAME, VEHICLE, AND PATH OF THOSE EJECTED																			
NAME: _____		NAME: _____																	
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<input type="checkbox"/> SIDE DOOR <input type="checkbox"/> BACK WINDOW <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> BACK DOOR/TAILOUT <input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP) <input type="checkbox"/> OTHER PATH (BED OF PICKUP TRUCK)		<input type="checkbox"/> SIDE DOOR <input type="checkbox"/> BACK WINDOW <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> BACK DOOR/TAILOUT <input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP) <input type="checkbox"/> OTHER PATH (BED OF PICKUP TRUCK)																	
AIR BAG FUNCTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> <input type="checkbox"/> DEPLOYED <input type="checkbox"/> NON-DEPLOYED </td> <td style="width:33%;"> VEHICLE# _____ VEHICLE# _____ </td> <td style="width:33%;"> <input type="checkbox"/> DRIVER SIDE <input type="checkbox"/> DRIVER SIDE </td> <td style="width:33%;"> <input type="checkbox"/> PASSENGER SIDE <input type="checkbox"/> PASSENGER SIDE </td> </tr> </table>				<input type="checkbox"/> DEPLOYED <input type="checkbox"/> NON-DEPLOYED	VEHICLE# _____ VEHICLE# _____	<input type="checkbox"/> DRIVER SIDE <input type="checkbox"/> DRIVER SIDE	<input type="checkbox"/> PASSENGER SIDE <input type="checkbox"/> PASSENGER SIDE												
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DATE OF DEATH: _____ TIME OF DEATH: _____ DATE OF DEATH: _____ TIME OF DEATH: _____																			

SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)